POTTAWATOMIE COUNTY FSA UPDATE

FARM SERVICE AGENCY 501 STATE ST PO BOX 368 WESTMORELAND, KS 66549

MAY 8, 2006

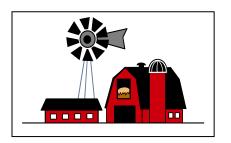
PHONE: 785-457-3661 FAX: 785-457-2868

Office Hours: 8:00 a.m. - 4:30 p.m.

Monday - Friday

/s/ Lance W. Grutzmacher

Lance W. Grutzmacher County Executive Director



COUNTY COMMITTEE MEMBERS William J. Budenbender Jonathan E. Berges

Clara M. Ebert

REGULAR COMMITTEE MEETINGS Second Tuesday each month

DCP CONTRACT REMINDER

As of today, we have about 100 less Direct and Counter-Cyclical Program (DCP) contracts than we had in 2005. Postcards have been sent to those we know of who have not enrolled or returned all signatures. June 1 is the last day to have all signatures returned. You can sign your contract after June 1, and before Sept. 30, but you will be assessed a latesigning fee of \$100 per farm.

When you sign the DCP contract, you are agreeing to:

- comply with highly erodible land conservation and wetland conservation provisions on all your land
- devote acreage equal to the base acreage to an agricultural or conserving use
- effectively control noxious weeds and otherwise maintain base acres according to sound agricultural practices
- not plant perennial fruits and vegetables (including nuts) or harvest annual FAVs (other than lentils, mung beans, and dry peas) or wild rice on base acres
- file acreage report for all cropland on the farm
- notify the county office staff when there is a transfer or change in interest of a producer

Remember, under DCP, you must designate shares and sign a new DCP contract each year.

REPORTING CROP ACREAGE

Filing an accurate and timely acreage report for all crops and land uses, including failed acreage, can prevent loss of benefits for a variety of Farm Service Agency programs. All cropland on the farm must be reported to receive benefits from Direct and Counter-Cyclical Program, assistance loans and Loan Deficiency Payments.

Conservation Reserve Program (CRP) acreage must be reported to receive annual rental payments.

Producers are required to file reports by May 31 for small grains and August 1 for all other crops.

Prevented planting and failed acreage should also be reported. Prevented planting must be filed by the last planting date for the crop and failed acreage must be filed before you destroy

Starting this year, those of you who plant a dual purpose sorghum silage must furnish a sales receipt showing the copy of the sales receipt would be when you report your acreage, instead of having to look the ticket up during harvest.

variety name and number before you can collect a Loan Deficiency Payment (LDP). A good time to furnish us with a

tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of nclude functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative 7 CFR Part 780 Ω

http://forms.sc.egov.usda.gov. his one may be copied or may be obtained at the County FSA Office or obtained electronically at This form allows individuals to nominate themselves or any other person as a candidate. voters not less than 4 weeks before the election. A. Limited to one nominee

Each form submitted must be:

If additional forms are needed

Signed and dated by the nominee in Item 4. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected

Note: Name shown on ballot will appear exactly the same as in Agency records

Delivered to the County FSA Office or postmarked no later than August 1.

who files this form and is found ineligible will be so notified and have an opportunity to file an appeal in accordance with The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person

commodity, and political organizations if such positions pose a conflict of interest with FSA duties. Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, Area (LAA) in which the election is to be held and is eligible to vote. The positions

ocal County Executive Director prior to the announced end of the nomination period espective State Office in lieu of being returned to the county office. A candidate has the option to request that all voted ballots for an individual county committee election be returned to the This request must be in writing and submitted to the

The duties of County FSA Committee members include

- Administering farm program activities conducted by the County FSA Office
- Keeping the State FSA Committee informed of LAA conditions Informing farmers of the purpose and provisions of the FSA programs.
- Monitoring changes in farm programs
- Participating in county meetings as necessary

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Performing other duties as assigned by the State FSA Committee

U.S. DEPARTMENT OF AGRICULTURE -arm Service Agency

The County FSA Committee election will be held this year on the first Monday of December. Ballots will be mailed to

NOMINATION FORM FOR COUNTY FARM SERVICE AGENCY (FSA)

COMMITTEE ELECTION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, martial status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisa, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require afternative means for communication of program information (Braille, large print, audiciage, etc.) should contact USDA's TARGET center at (202) 720-2600 (voice and TDD). To file a composite of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an

CRP HAYING AND GRAZING

There has been a clarification on haying and grazing of CRP acreage. At this time in Pottawatomie county you can hay or graze any year of your contract as long as you have not hayed or grazed that specific acreage in the last three years. There are exceptions, however, at this moment, they do not apply in Pottawatomie county. Don't forget, you must have written authorization before you start.

COUNTY COMMITTEE ELECTION

The county is divided into 3 local administrative areas (LAA). Each LAA is represented by one member on the county committee. This year LAA 2, which is approximately the northeast one-third of the county, is holding the election. The 2 page nomination form (FSA-669A) is included. Anyone in the county can nominate someone from LAA 2 on this form. However, this form must be signed by the nominee and returned to this office by August 1, 2006. If you have a question on the exact boundary line of LAA 2, please call.

Ballots will be sent out later this fall to eligible voters in LAA 2 and must be returned by December 4, 2006. Nominate and vote for an eligible voter in LAA 2 who you feel will represent the farmers and ranchers in the area. We will have a public meeting on June 22, 2006 at 1:00 p.m. in the conference room of the Service Center to discuss any election concerns anyone may have.

-orm Approved - OMB No. US6U-UZ29 Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0260-0229. The time required to complete this information collection is estimated to everage 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the acted and completing and reviewing the collection of but are encouraged to do so. This information will not be used in evaluating your nomination or to DATE OF ELECTION IS 1st MONDAY OF DECEMBER the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required TO BE COMPLETED BY COUNTY FSA OFFICE /OLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal C 552a) and the Paperwork Reduction Act of 1995, as The information will be used to obtain nominees for County FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY) Male OF EACH CALENDAR YEAR NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes. Native Hawaiian or Other Pacific Islander INSTRUCTIONS FOR COMPLETING THIS FORM Black or African-American TO BE COMPLETED BY NOMINEE Eligible to vote in the designated County FSA Committee election. Eligible to hold the office of County FSA Committee member. Willing to serve if elected. COUNTY LAA NO. . Act of 1974 (5 USC : n is 7 CFR Part 7. Th STATE (Choose as many boxes as applicable) Type or Print the nominee's full name. The nominee must be: America Indian or Alaska Native DATE (MM-DD-YYYY) I hereby agree to have my name placed on the ballot, that I will serve if I DO want to witness the settling of tied votes with another nominee elected, and if there is a conflict of interest, I will resign such position I DO NOT want to witness the settling of tied votes with another ing statement is made in accordance with the The authority for requesting the following in the sollowing interesting in the sollowing in the s 4B. Enter the nominee's current address Asian The nominee must sign and date Completing this item is voluntary way. discriminate against you in any Complete the form as follows NOMINEE'S CERTIFICATION The following statement amended. The authority FSA-669A (03-08-06) Page 2 urnish this information, ADDRESS OF NOMINE SIGNATURE OF NOMI Not Hispanic or Latino FSA Committee. Hispanic or Latino ITEM 1 ITEM 3 ITEM 4 TEM 8 Ē NOTE: